

RECEIVED

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation (EC 23 '05)

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE		SD. SEC. of STATE
<u>The Estelline Journal</u>		<u>9/30/2005</u>		
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE \$ 30 and \$ 35		
<u>Weekly</u>	<u>50</u>			
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)				
<u>PO Box 159, Estelline, SD 57234</u>				
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)				
<u>PO Box 50, Castlewood, SD 57223</u>				
6. FULL NAME OF PUBLISHER: <u>Greg + LeeAnne Archer</u>				
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)				
FULL NAME		COMPLETE MAILING ADDRESS		
<u>Greg + LeeAnne Archer</u>		<u>PO Box 50, Castlewood, SD 57223</u>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)				
<u>Citizens State Bank, Castlewood</u>				
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE	
A. TOTAL NO. COPIES (Net Press Run)		<u>650</u>	<u>650</u>	
B. PAID AND/OR REQUESTED CIRCULATION				
1. Sales through dealers and carriers, street vendors and counter sales.		<u>110</u>	<u>120</u>	
2. Mail Subscription (Paid and or requested)		<u>401</u>	<u>377</u>	
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		<u>511</u>	<u>497</u>	
D. FREE DISTRIBUTION				
1. BY MAIL, CARRIER OR OTHER MEANS		<u>14</u>	<u>14</u>	
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<u>0</u>	<u>0</u>	
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<u>525</u>	<u>511</u>	
F. COPIES NOT DISTRIBUTED				
1. Office use, left over, unaccounted, spoiled after printing		<u>125</u>	<u>139</u>	
2. Return from News Agents		<u>0</u>	<u>0</u>	
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		<u>650</u>	<u>650</u>	

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

LeeAnne Archer

(Signature)

Owner

(Title)

State of South Dakota )

County of Hamlin )

(Seal)

Sworn to before me this 30<sup>th</sup> day of September, 2005Debra L. Kasten  
My Notary PublicMy commission expires: March 5, 2008